

will be dissipated if it is not guarded during the school period. It is of interest to all the people that this children's work shall be followed up and that the examination of school children shall be conducted by physicians of scientific ability who can distinguish which ones are suffering from incipient diseases of teeth, tonsils, vision, etc.

Those who resent this as a violation of rights and say, "Schools are public not the children," cannot guarantee that the children will not catch or spread contagious diseases. When children contract and spread contagious diseases among other children they are a "public menace." How are we going to prevent, detect or cure diphtheria, except first by inspection, examination and the administration of antitoxin? It is certainly important to those who are not immune that germ carriers who may spread the infection to others should be detected and isolated.

The courts of this country have held an owner of scabby sheep liable because his sheep broke through a faulty fence and communicated the scab to his neighbor's sheep. What kind of parents are those who consider their children less precious than sheep? Who wants to have his children exposed to smallpox, diphtheria, meningitis, typhoid, etc., because some few are indifferent, careless or skeptical and recklessly remonstrate, "Schools are public not the children."

#### **PHYSICIANS—REGISTER YOUR BIRTHS PROMPTLY.**

##### **ANOTHER APPEAL TO CUPIDITY.**

Recently another surgical house, with evidently no knowledge or memory for editorials in the Journal last year on this subject, has been sending to physicians coupons entitling the physician to a 20 per cent. discount (or rebate) on goods supplied on the physician's order. Presumably dealers will continue to attempt to fleece their customers just as long as any physicians are found dishonest enough to conspire with them on some such system of rebates or special privileges. Fee splitting is iniquitous and if done by some of the most advertised of the profession, is none the less reprehensible. Rebating on drugs or surgical goods and appliances is equally reprehensible and our indignation at those firms which openly offer such terms is only held in leash by the knowledge that still some doctors are dishonest, and far enough out of touch with medical ideals as to encourage these wretched practices.

#### **PHYSICIANS—REPORT COMMUNICABLE DISEASES WITHOUT DELAY.**

##### **ARE THERE ENOUGH DOCTORS?**

Common opinion, both lay and professional, says that there are enough and more than enough doctors to supply the medical needs of the country. Recent circumstances, however, throw considerable doubt on the accuracy of this conclusion. The difficulty of the Army and our allies in obtaining the doctors needed for the war was a surprise. Also were we surprised to find the dearth of physicians in many localities when the military need had been met. Hospitals, clinics and laboratories

were confronted with a serious problem in the scarcity of doctors. Industrial concerns and public health agencies likewise reflected the lack. The difficulty in filling the military needs was followed by the drafting of senior medical students even, and then the experience of England and the startling shortage of doctors in civilian lines led to a careful conservation of the available supply of doctors and the exemption of medical students. Even under these extreme conditions, the statesmanlike attitude was preserved that only high class, well-trained doctors are wanted, and the multiplication of medical schools was discouraged and inferior schools were closed.

Dr. I. M. Rubinow in a recent issue of the Medical Review of Reviews undertakes to analyze the question of the supply of doctors in proportion to the demand for them. He estimates the total number of doctors in the United States at 150,000 roughly, as compared with 133,000 lawyers, 134,000 clergymen, 140,000 music teachers and 600,000 teachers of all sorts. It is unnecessary here to dispute over the relative importance of these various classes. Certainly, however, the average family has greater need for a doctor than a lawyer and certainly a doctor cannot expect to serve as large a clientele successfully as can a clergyman. An estimation of one doctor per 600 or 700 population means nothing because of diverse conditions in different sections.

In spite however of the apparently large number of doctors in proportion to the population, Rubinow finds that this proportion has actually shrunk from 1850 to 1910. During the same period he finds evidence that the supply has not kept pace with the demand. This is due to the great expansion of medical inspection of schools, quarantine and public health services. Medical journalism has absorbed many men who otherwise would be practitioners. Laboratory work in all its manifold deviations has taken a small army of doctors additional. Experimental medicine accounts for a goodly number, with whom may be reckoned medical teachers. Insurance has opened a new and growing field. There is a larger demand for doctors in obstetrics, tuberculosis, mental disease, and other lines, than formerly. And even with these factors in mind, the actual proportion of all doctors in the population has decreased in the period noted. During the period when the medical profession was not quite holding its own in point of numbers with the population, the number of lawyers increased 200 per cent., the clergymen by 205 per cent., the teachers by 396 per cent., the dentists by 410 per cent., and the music teachers by 770 per cent. All this while the population increased 138 per cent.

There is plenty of room for well-trained doctors. There is no room and no demand for poorly trained doctors. Medical education is an expensive affair, the most expensive, probably of all education. No institution can do satisfactory medical teaching without an endowment, part of its staff, at least, on a full time basis, and a liberal equipment of laboratory, library and hospital. The half-baked doctor is the sorriest of all poor pro-

fessional types. His tribe is decreasing and must disappear. There is work for every well-trained doctor and this work will increase.

**PHYSICIANS: VARICELLA CASES SHOULD ALWAYS BE REPORTED AT ONCE.**

#### MAKING SCIENCE POPULAR.

Seldom has the pressing necessity for translation of scientific knowledge into popular terms been phrased more strikingly than in a recent address by Chester H. Rowell.<sup>1</sup> "It seemed so hopeless to give the public what it ought to have, and so worse than useless to give it what it wanted. The whole mental viewpoints were different. The scientist is cautious, accurate, impersonal. He uses his imagination to jump at conclusions, but as a guide to experiment and investigation. He hesitates to announce a discovery until he has fully verified it, and then he limits himself strictly to the one step he has taken into the Unknown, and avoids flights of fancy into its speculative possibilities. If his knowledge is fragmentary, he refuses to fill out its gaps, and he is resolutely non-committal on what he does not know. He cultivates an impersonal impartiality, and even on a controverted question he would scorn to win a victory by misstating or understanding an opponent's position or evading any of the evidence for it. The public, on the other hand, demands cocksureness, especially on all the consequences which a discovery suggests to the imagination. It is intensely personal, and inquires first what use it can make of the discovery, or whether it confirms or opposes its prejudices. It undervalues accuracy, overvalues vivid picturesqueness, and does not understand impersonality or impartiality at all. How shall the scientific man condescend to such a rabble without losing his soul?"

There is the question and on our answer depends whether we shall see scientific medicine advance or retrograde. Science and especially medical science must see to it that the public is apprised of what science is doing and why it is being done, also that the public is educated in the application of science to everyday life. The great means of doing this is, of course, by education through the popular press, and here is a medium and an audience waiting. This task awaits us and must be undertaken without delay.

**PHYSICIANS—REMEMBER THE IMPORTANCE OF PROMPTLY REPORTING BIRTHS.**

### Editorial Comment

Why do all the new medical graduates wish to locate in a city? Why is there a greater shortage of doctors in small towns and the country than in the cities?

Would that medical writers would take to heart Shakespeare's words,

"Since brevity is the soul of wit,  
And tediousness the limb and outward flourishes,  
I will be brief."

The Medical Brief very aptly carries this on its cover.

Says the Tennessee State Journal of Medicine, "We would very much like to have the fellow who thinks that the editor of a State Medical Journal has no troubles, come in and correct a few papers for us. . . . All these and some two hundred other things as bad or worse are part of the game that the editor has to play all by himself. If it were not for some safety valves, every editor would swell up and bust at least once each month."

In the New York City Hospitals the incidence of diphtheria as a cross infection has been greatly reduced by applying the Schick reaction to all cases of infectious fevers and immunizing all who show susceptibility to diphtheria. Every physician should know how to perform the Schick reaction and have the means available for it. This is of special importance in small towns and rural districts where the advantages of city health departments are lacking.

The County Medical Society Bulletins in this state are always interesting reading and worth the attention of every doctor. Says the Santa Barbara County Bulletin, "Out of the northern redwoods comes the latest addition to the County Society Bulletins on our table (The Mendocino County Bulletin). These bulletins from San Diego to Fort Bragg, are a long arm of visible good fellowship and unity. Consider the Brother of the north swashbuckling forth in the black nights of rain, among the great redwoods, to ease the croupy child; and look upon the one who plies his way under the midday glare of yellow sun upon the yellow sand in the Imperial. Do you rise?" Of course we rise,—in that same spirit of fellowship and unity which makes the Brother of Mendocino feel the comradeship of the Brother in far away San Diego or Imperial.

"That experience (in Army hospitals) causes me to think that when there are nurses who typify the spirit of true nursing, why should we permit criticisms against graduate nurses as a body because of a few who refuse the call to go where or when needed, thus failing to live up to their pledge of service to their profession? What we need is that the higher standards of nursing be adhered to in our association with physicians and each other; or, in simple language, loyalty to all the ideals our profession stands for." These words are from an article in Southwestern Medicine by Matilda V. Braun, R. N. It is not right that the nursing profession should suffer for the low ideals and poor service of some of its members. The great body of graduate nurses might well emphasize its real position and its real ideals.

A report issued in July 1918, by the Governor-General of Korea states that there are 759 licensed physicians in private practice, of whom 525 are Japanese. Of the 283 hospitals in the country, 258 are private. Medical licensing examinations were held twice in this year and were passed by seven Koreans and seven Japanese. Only the

<sup>1</sup> Science, Aug. 15, 1919.